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Nurse Corps News

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Farewell Message from RADM Bruzek-Kohler

Dear Navy Nurses,

Since assuming the duties as Commander, Navy Medicine West and Naval Medical Center San Diego, I have had the privilege to see many of you up close and personal, providing incredible nursing care and advocacy for your patients, and working to create innovations to make Navy Medicine the best it can be at home or forward deployed. I am so very proud of you all!

However, per MANMED Ch 8 and Title 10 USC, my four year tenure as your Director has come to an end. As your Director, these past four years have been an incredible journey in creating a Nurse Corps that is rooted in Clinical Leadership Excellence and devoted to caring for our nation's warriors and their families. Our many initiatives to advance recruiting and retention efforts, communication and clinical excellence have yielded incredible results. Our clinical leadership is evidenced at the bedside and on the front lines, everyday, and our relevance will continue in support of operations in Afghanistan, Iraq, Indonesia, Africa, South America, and throughout the world.

It has and always will be my honor to have served as your Director. Know that I will continue to advocate for all you do and are, and will always be available to support each and every one of you. I want to take this opportunity to thank you for making this job the most rewarding of my career. I will transition my duties as Director, Navy Nurse Corps to Rear Admiral Karen Flaherty. As the former Deputy Director Navy Nurse Corps Reserve Component, Admiral Flaherty brings a wealth of knowledge and experience to the issues facing the Nurse Corps today. She has worked closely with me and Admiral Cindy Dullea, current Deputy Director Reserve Component, to set the strategic vision and priorities for the future of our Corps. I am grateful for her friendship and confident in her leadership.

Thank you again for all you do everyday in making being a Navy Nurse the best job in the world!



RADM Christine M. Bruzek-Kohler

C. M. BRUZEK-KOHLER

21st Director, Navy Nurse Corps
Commander, Navy Medicine West
Naval Medical Center San Diego

Navy Nurses in the Helmand Province Afghanistan

After a month of processing and training in ECRC San Diego and Fort Jackson, South Carolina, 19 Navy Nurse Corps Individual Augmentees arrived in Bastion Hospital, Helmand Province, Afghanistan on 7 May 2009 on a 6-month deployment to join the British Nurse Corps Team in support of Global War on Terrorism and Operation Enduring Freedom. Seven Navy Nurse Corps officers (see photo for names) were specifically assigned to work in the Intensive Care Unit to provide top notch critical/trauma care. Since arriving in the AOR, the joint US and British team have been involved in 6 mass casualties and has provided more than 200 critical/trauma care to coalition forces, Afghan Army and National Police, Afghan nationals and Enemy Prisoners of War. Although there are notable differences in nursing practice, the end outcome is still the same. Patients are stabilized hemodynamically and expeditiously transferred to the next higher echelon. These Navy ICU nurses directly assisted the CCAT (US) and CCAST (UK) team with preparation of patients for aero medical evacuations.

LTjg Elaine Medley and ENS Andy Keller, two of the most junior but talented ICU nurses, expressed gratification during their first deployment. Both of these Nurse Corps officers not only gained extensive and invaluable experience but also newfound friendship. On 20 July 2009, the British Nurse Corps Team completed their 3-month deployment and was replaced by the nursing team from the Danish Army. Under the umbrella of NATO-ISAF command, the multi-national partnership not only provides invaluable experience for the Navy Nurses but it demonstrates our adaptability and flexibility in working with coalition partners in order to reach a common goal.



US Navy Nurses Critical/Trauma Care Team from left to right: LTjg Elaine Medley (NNMC Bethesda), LT Peter Hanson (NH Lejeune), LCDR Lonnie Hosea (NH Okinawa), ENS Andy Keller (NH Camp Pendleton), HM2 Usita, CDR Brian McCann (NMC San Diego), LT Rodolfo G. San Juan (NHC Hawaii) and LTjg Sarah Schneider (not in picture) (NMC Portsmouth)

LT Rodolfo G. San Juan, NC, USN

United States Naval Academy Induction Day



Back row: CAPT Thorp, ENS Diamond, LCDR Dunbar-Reid, CDR Stanley, ENS Edwards, CAPT McCain (SNE), CDR Beasley. Front row: ENS Boucher, ENS Price. Not pictured: LCDR Ross, CDR Branstetter, CDR Widmer, CAPT Hasselbeck

Navy Nurses from Naval Health Clinic Annapolis and surrounding Navy medical facilities rolled up their sleeves and provided much needed clinical support while processing 1,250 new incoming Midshipmen candidates during the annual Plebe Induction Day on July 1, 2009. The Navy Nursing Internship program, National Naval Medical Center, provided several new Ensigns to participate as well. Navy Nurses were assigned to man medical stations for immunizations, lab, and medical screening. CAPT Deborah McCain stated, "Your support, teamwork and professional skills played a vital role in making this year's I-Day a complete success. Without your dedication, we could not have met the mission." In addition, a Lean Six Sigma team led by LCDR Dunbar-Reid, was busy reviewing the process and the route Midshipmen candidates take during the in-processing evolution. Reviews like these help streamline and improve the process, ultimately benefitting the Midshipmen candidates.

CAPT Kathy Thorp, NC, USN



Wharton Fellows Program Graduates

CAPT Kriste J. Grau (DNS, NH Naples), CAPT Donna Stafford, (DNS, NH Pensacola), and CAPT Min S. Chung-Park (DNS, NH Sigonella) graduated from the Johnson & Johnson - Wharton Fellows Program in Management for Nurse Executives, an intensive three-week management education program held at The Wharton School of the University of Pennsylvania. They were one of 38 senior nurse executives selected nationwide to participate in the program, which provides participants with critical business and management skills that enables them to be effective leaders in the ever-changing health care industry. This year's participants are from the United States, Australia, Italy and Canada. The Johnson & Johnson - Wharton Fellows Program has been enhancing the leadership capabilities of nurse executives for more than 25 years. The program recognizes the important and influential role nurse executives have in strategic planning within their own health care institutions and in shaping health care policy issues regionally, nationally, and globally. Their input and influence have added significance today, given the serious nursing shortage impacting health care delivery in the U.S. and abroad.

"Due to the tremendous marketplace pressures in today's health care organizations, the voice of the clinical professional can easily be lost," said Gregory P. Shea, Ph.D., academic director, Johnson & Johnson - Wharton Fellows Program. "This program helps nurse executives become well-versed in a wide variety of organizational, financial and marketplace issues. By strengthening their management and leadership capabilities, they can more readily assume the role of full strategic partner with other health care executives." Wharton Executive Education competitively selects nurse executives to study strategic, financial, managerial, and leadership approaches to organizational development. During the program's Executive Forum, nurse executives collaborate with their health care institutions' chief executive officers to analyze the role of nursing in hospital management and strategic planning.

"In this era when all health care systems are under mounting pressure to control costs and increase productivity, military healthcare systems are unique in that we provide care for service members and their families, and also respond to the increasing demands of providing healthcare to deployed service members in war zones, shipboard, and various humanitarian missions," says Grau. "The leadership of nurse executives is central to building effective health care teams to achieve a healthy work environment that is essential to deliver safe, quality health care.

"As nursing profession and healthcare institutions are faced with unprecedented challenges of providing healthcare quality and safety, the perspective and leadership of nurse executives are vital to organizational efforts to realize management efficiencies and improve quality of care," says Chung-Park.

"The nurse executive is a key partner in attaining and sustaining quality outcomes for the healthcare facility and most importantly for our patients," says Stafford. "The nurse executive's role is to influence the direction and design of patient care delivery, and systems development."

For more information, visit www.wharton.upenn.edu.

Christine Schneider
Corporate Communications Fellow

What does “Community of Practice” Mean to You?

Community of Practice by the Clinical Excellence: Readiness & Clinical Proficiency Workgroup

What does “Community of Practice” mean to you?

We have many communities to which we are a part—the community in which your home resides, the community in which you were raised, your spiritual community. Let’s talk on a different community: your professional community of practice. How many consider yourself a member of the group of nurses practicing your profession (in general or in a specialty)?

Community: To keep with a light and “hip” article, I’ll quote the ultimate new-age authority—Wikipedia.

“In human communities, intent, belief, resources, preferences, needs, risks, and a number of other conditions may be present and common, affecting the identity of the participants and their degree of cohesiveness. [emphasis added]”

Apply the emphasized words above to you. Do you believe you have ties to other nurses based on intent, belief, resources, preferences, needs, and risks, thereby creating a personal or professional identity and cohesion? Listen to two nurses talk in a work or social setting—it’s present. Listen at casual table conversation—you can tell the nurse. Look for the empathy, caring, and outlook—you’ve got nurse. Nursing isn’t just who you are, it’s what you are—inseparable from the core of your being, ever present in your thought process and actions.

Communities are not static, they evolve, develop, mature. Sometimes the change is based on belief or desire; in ours, research and evidence lead the way. The change is not passive in nature. It is the result of hard working and well-reasoned members who are not happy with the status quo; who are not content to just execute; who want the next higher, better, faster, safer method, procedure, or device.

Communities are based on the collective will of the group. One person does not decide where the community will go or what it will do. By its very nature, the community guides the collective to a new and better future. For those that live obliviously, my condolences, for you are truly missing out. What better ideal to be passionate about than improving—no matter the extent—your profession and the care that others will render into the future.

You have the ability to embrace, define, and direct the path of your community, your profession, your practice. Whether through:

- Collateral duties (unit, department, command)
- Nurse practice councils
- Professional organizations (local or national)
- Fixing that which annoys or frustrates you
- Grabbing an existing product and sending well thought out and considered edits for improvement (any of the fielded, draft, or piloting competencies would do well)

The Community of Practice is not an abstract concept written in a book and quoted to tell you “no.” It is a vibrant, passionate group of caring professionals practicing to improve the lives and health of their patients and their peers. In short, it’s you. Step up to the plate and take a swing—we’ll all be the better for it.

Questions or comments may be referred to CAPT Spencer, andrew.spencer@tma.osd.mil or (703) 588-1832 on behalf of the 29 workgroup members.

References: Wikipedia accessed 3 Jun 2009 at <http://en.wikipedia.org/wiki/Community>



NMC Portsmouth Initiates Auto Graft Program

Naval Medical Center Portsmouth's Main Operating Room Initiates External Auto Graft Tissue Banking Program

Over 40,000 craniectomies are performed nationally each year (Folio, 2006); approximately 30,000 of these procedures require the removal of a cranial bone flap to access aneurysms, remove tumors, or reduce intracranial pressure (LifeNet, 2008). While in most cases the flap is replaced at the end of the procedure, on occasion it is necessary to delay reimplantation for a later date. Saving and re-implanting the patient's own bone flap is the ideal solution; however, the infection rate can be as high as 20% (LifeNet, 2008). Surgeons operating at facilities without a regulated tissue bank program are faced with a dilemma: make another surgical incision in the patient to store the bone flap intra-abdominally until re-implantation is possible, or discard the bone flap and replace it with a prosthetic device. A variety of foreign materials metals, plastics, resins and resorbable items are available as a prosthetic substitute for the patient's own tissue. Although widely used, these materials have some disadvantages including risk of incompatibility with the patient, disintegration or corrosion, and undesirable cosmetic results (ACNR, 2007).

The use of synthetic materials can also be costly. A simple custom cranial implant may start at \$7,000 depending on the company and material used. In 2008, neurosurgeons at Naval Medical Center Portsmouth (NMCP), Va., removed a skull flap from an emergency craniotomy patient, which could not be re-implanted due to increased intra-cranial pressure and edema. Freezers for procured tissue were not available within the facility; and placing the bone in the patient's abdomen, a common practice at many institutions, was not an option at the time. The patient's bone flap was discarded, an accepted practice for institutions that do not have a current tissue bank program.

To address these issues, the Main Operating Room at NMCP joined forces with LifeNet Health, and adopted Osteocleanse, a patented autograft cleaning service and autologous tissue banking program. Through LifeNet, bone flaps are placed in a premade kit, labeled with the patient's information, and picked up by a certified courier for Osteocleanse Processing at LifeNet Health. Osteocleanse is a controlled process of rigorous cleaning, disinfection, rinsing, and terminal radiation for sterilization of autologous tissue. The hospital is notified once the entire process to arrange for the final date and time the prepared bone flap will be required for reimplantation; if necessary, long-term storage (greater than 90 days) is available.

There are many benefits of using Osteocleanse. The process allows the patient's own bone to be re-implanted, therefore avoiding the risk of an immunological response to foreign materials. Because the flap is the exact contour of the patient's own anatomy, it is cosmetically pleasing. The risk of post-reimplantation infection is dramatically reduced as a result of the patented cleansing and sterilization process, performed by trained tissue banking personnel. Outsourcing the process to an external facility eliminates the need for the hospital to build and develop its own tissue banking program, as recommended by the federal Food and Drug Administration (FDA) and the American Association of Tissue Banks (AATB).

The Osteocleanse Process and cranial flap storage costs just over \$4,000; however, the reduction in length of hospitalization and improved patient outcomes provides an even greater cost savings. The Osteocleanse Process provides the neurosurgery staff at NMCP a viable and effective option for reimplantation of skull flaps and may not only be an option for other medical facilities, as well as provide the operational theater an improved method of salvaging, cleaning, and processing skull flaps for traumatic brain injury patients.

CDR Karen Ecarius NC, USN

LCDR Susan Malione NC, USN



Perioperative 101 Selects

On behalf of RADM Bruzek-Kohler and RDML Dullea, it is my pleasure to announce and congratulate the officers selected for the PERIOPERATIVE 101 Course during the May 09 Perioperative Board! Congratulations to the officers selected to the perioperative community, a mission critical nursing specialty. You will attend the Periop 101 Course enroute to your next assignment. I also want to take this opportunity to thank the Perioperative nurses and Nurse Corps leaders in their chain of command who took the time to mentor these officers, provide career guidance and answer their questions. Please congratulate these fine officers on this significant career milestone!

CAPT Kathleen M. Pierce, NC, USN

Deputy Director, Navy Nurse Corps

LTJG JESSICA E. SMITH, NC, USN NNMCMC BETHESDA

LT MELISSA KENNEDY, NC, USN NNMCMC BETHESDA

LT CHERIE D. FERRIS, NC, USN NMC PORTSMOUTH

LT ROGER A. ESPINOSA, NC, USN NNMCMC BETHESDA

LT STEVEN SARRO, NC, USN USNH GUAM

LTJG SHANE I LATIMER, NC, USN NH JACKSONVILLE

Bravo Zulu!



Bravo Zulu to LTJG Jackie Ponce for completing her Medical/Surgical Certification and to LTJG Lisa Tangredi who completed her CCRN Certification. Both are stationed at Naval Hospital Camp Pendleton.

Bravo Zulu to LT Colleen Mahon at Naval Hospital Twentynine Palms who received the Navy section Nurse of the Year Award at the National Association of Women's Health Obstetric and Neonatal Nursing (AWHONN) Convention in San Diego, CA.

Bravo Zulu to CDR Michele Kane at the National Naval Medical Center who has been chosen to be a speaker (1st Navy Nurse) on behalf of the International Committee of Military Medicine and the Congress Scientific Committee, World Congress on Military Medicine 2009 to all NATO countries in Kuala Lumpur Oct 2009 based on her poster presentation: The Genotoxic and Cytotoxic Carcinogenesis Effects of Embedded Weapons Grade Tungsten Alloy Fragments in C2C12 and L6 Muscle Cells.

CUSTOMER SURVEY

We want to better meet your communication needs. The survey is open to military officers (active duty and reserve). The closing date is Labor Day, 07 Sept. The survey can be found at the following link:

<https://survey.cnet.navy.mil/Perseus/se.ashx?s=0CCABAD41B989139>

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Nurse Corps News?

Submit your article via your chain of
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